



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> <i>Anthony Kendrick</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1272.96</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1282.77</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>9.81</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *Anthony Kendrick*, and my date of birth is *5 Aug 70*  
 My address is *4000 Dewitt County Ct*, *Villeen*, *Tx*, *76549* *USA*  
(street) (city) (state) (zip code) (country)  
 Executed in *Bell* County, State of *Tx*, on the *25* day of *April*, 20 *25*  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Anthony Kendrick</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1272.96
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1282.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 4</b>
2 FILER NAME <b>Anthony Kendrick</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Fowlkes</b>	7 Amount of contribution (\$) <b>\$50</b> <b>Cash App</b>
6 Contributor address; City; State; Zip Code <b>Killeen Tx 76549</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>Veteran Affairs</b>
Date <b>4/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth Burgess</b>	Amount of contribution (\$) <b>\$300</b> <b>Cash App</b>
Contributor address; City; State; Zip Code <b>Killeen Tx 76549</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>DOD Contractor</b>
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Romona Thompson (Fundraiser)</b>	Amount of contribution (\$) <b>\$40</b> <b>Cash App</b>
Contributor address; City; State; Zip Code <b>Killeen Tx</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rence Peoples (Fundraiser)</b>	Amount of contribution (\$) <b>\$20</b> <b>Cash App</b>
Contributor address; City; State; Zip Code <b>Killeen Tx</b>		
Principal occupation / Job title (See Instructions) <b>Correction Officer</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 4</b>
2 FILER NAME <b>Anthony Kendrick</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Nevels</b>	7 Amount of contribution (\$) <b>\$80</b>
6 Contributor address; City; State; Zip Code <b>Killeen Tx 76549</b>		<b>Cash App</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will McMillan</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>Copperas Cove Tx</b>		<b>Cash App</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carmen Tally-Golliday</b>	Amount of contribution (\$) <b>\$35</b>
Contributor address; City; State; Zip Code <b>Killeen Tx 76549</b>		<b>Cash App</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Desi Rae</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code		<b>Cash App</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
3 of 4

2 FILER NAME

Anthony Kendrick

3 Filer ID (Ethics Commission Filers)

4 Date

4 Apr 25

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jaywon Jefferson

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

[REDACTED]

net amount 98.80

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8 Apr 25

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Precious Miller

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

Copperas Cove TX 76522

net amount 19.12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 Apr 25

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Lewis

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

Killeen TX

Cash App

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 Apr 25

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Terry Townsend

Amount of contribution (\$)

\$30

Contributor address; City; State; Zip Code

Cash App

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 4</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chinedozi Foster</b> ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alice Ghislaine</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandy Harrell</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$80</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Connell Lewis</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$170</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 3	<b>2</b> FILER NAME Anthony Kendrick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3 Apr 25	<b>5</b> Payee name Super Cheap Signs	
<b>6</b> Amount (\$) 440.52	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description yard signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 21 Apr 25	Payee name Office Max	City; State; Zip Code Killeen Tx 76942
Amount (\$) 44.60	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 21 Apr 25	Payee name Office Max	City; State; Zip Code Killeen Tx 76942
Amount (\$) \$49	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 3	<b>2</b> FILER NAME Anthony Kendrick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12 Apr 25	<b>5</b> Payee name Office Max	
<b>6</b> Amount (\$) 61.56	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 14 Apr 25	Payee name An Super Cheap Signs	
Amount (\$) 215.42	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10 Apr 25	Payee name Super Cheap Signs	
Amount (\$) 376.46	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Anthony Kendrick	<b>3</b> Filer ID (Ethics Commission Filers) None
<b>4</b> Date 4/21/25	<b>5</b> Payee name Lowe's	
<b>6</b> Amount (\$) \$56.12	<b>7</b> Payee address; City; State; Zip Code [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description poles for signs zip ties
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anthony Kendrick	Office sought / Office held District 4
Date 4/13/25	Payee name Walmart	
Amount (\$) \$10.41	Payee address; City; State; Zip Code [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Bolts to holdup signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anthony Kendrick	Office sought / Office held District 4
Date 4/13/25	Payee name Walmart	
Amount (\$) 28.68	Payee address; City; State; Zip Code [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Supplies for fish fry
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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